



QUARTERLY STATEMENT
AS OF JUNE 30, 2018
OF THE CONDITION AND AFFAIRS OF THE
Harbor Health Plan, Inc.

NAIC Group Code	4893 (Current Period)	4893 (Prior Period)	NAIC Company Code	11081	Employer's ID Number	38-3295207
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/29/1995		Commenced Business	12/19/2000		
Statutory Home Office	3663 Woodward, Suite 120 (Street and Number)		Detroit, MI, US 48201 (City or Town, State, Country and Zip Code)			
Main Administrative Office			3663 Woodward, Suite 120 (Street and Number)			
	Detroit, MI, US 48201 (City or Town, State, Country and Zip Code)		(800)543-0161 (Area Code) (Telephone Number)			
Mail Address	1100 New Jersey Avenue, Suite 840 (Street and Number or P.O. Box)		Washington, DC, US 20003 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			1100 New Jersey Avenue, Suite 840 (Street and Number)			
	Washington, DC, US 20003 (City or Town, State, Country and Zip Code)		(202)821-1070 (Area Code) (Telephone Number)			
Internet Web Site Address	http://www.harborhealthplan.com					
Statutory Statement Contact	Cleveland E Slade (Name)		(202)821-1070 (Area Code)(Telephone Number)(Extension)			
	cslade@trustedhp.com (E-Mail Address)					
			(Fax Number)			

OFFICERS

Name	Title	#
Andrew Leonard Miller	Chief Executive Officer	
Cleveland E. Slade	Chief Financial Officer	
Chikadibie E. Duru	General Counsel	

OTHERS

DIRECTORS OR TRUSTEES

Thomas M. Duncan	Claudia Austin
Brenda Williams	Caleb DesRosiers JD

State of _____
County of _____ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Andrew Leonard Miller	Cleveland E. Slade	Chikadibie E. Duru
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Executive Officer	Chief Financial Officer	General Counsel
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2018	a. Is this an original filing?	Yes[X] No[]
	b. If no,	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____
_____ (Notary Public Signature)		

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....12,021,257), cash equivalents (\$.....1,009,682) and short-term investments (\$.....0)	13,030,939		13,030,939	16,342,278
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	13,030,939		13,030,939	16,342,278
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued				
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	493,389	29,262	464,127	143,924
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....107,263)	107,263		107,263	107,263
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers				
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon	164,047		164,047	
18.2	Net deferred tax asset	82,315	16,305	66,010	112,804
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				14,108
24.	Health care (\$.....0) and other amounts receivable	22,167	22,167		59,089
25.	Aggregate write-ins for other-than-invested assets	1,171,863	259,155	912,708	1,084,037
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	15,071,983	326,889	14,745,094	17,863,503
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	15,071,983	326,889	14,745,094	17,863,503
DETAILS OF WRITE-INS					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepaid Expenses	239,572	239,572		
2502.	Other Receivables	19,583	19,583		1,084,037
2503.	Reimbursement for ACA Fee	908,541		908,541	
2598.	Summary of remaining write-ins for Line 25 from overflow page	4,167		4,167	
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,171,863	259,155	912,708	1,084,037

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	4,228,462		4,228,462	7,403,077
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	63,023		63,023	113,002
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	447,472		447,472	447,472
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	1,395,574		1,395,574	1,400,840
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				110,733
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	26,959		26,959	37,830
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	213		213	
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	170,376		170,376	
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	583,678		583,678	233,232
23.	Aggregate write-ins for other liabilities (including \$.....0 current)	92,294		92,294	92,294
24.	Total liabilities (Lines 1 to 23)	7,008,051		7,008,051	9,838,480
25.	Aggregate write-ins for special surplus funds	X X X	X X X		726,833
26.	Common capital stock	X X X	X X X	60,000	60,000
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	7,782,285	7,782,285
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	(105,243)	(544,096)
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	7,737,042	8,025,022
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	14,745,093	17,863,502
DETAILS OF WRITE-INS					
2301.	Escheat Liabilities	92,294		92,294	92,294
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	92,294		92,294	92,294
2501.	Projected ACA fee	X X X	X X X		726,833
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		726,833
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	51,067	62,442	116,205
2.	Net premium income (including \$.....0 non-health premium income)	X X X	13,981,634	25,369,039	44,505,112
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X			
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	13,981,634	25,369,039	44,505,112
Hospital and Medical:					
9.	Hospital/medical benefits		3,633,499	14,090,508	21,594,270
10.	Other professional services		1,748,326	6,029,930	7,690,271
11.	Outside referrals				
12.	Emergency room and out-of-area		2,202,637		3,203,022
13.	Prescription drugs		1,268,034	1,903,169	4,148,117
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		8,852,496	22,023,607	36,635,680
Less:					
17.	Net reinsurance recoveries		23,084	218,819	293,495
18.	Total hospital and medical (Lines 16 minus 17)		8,829,412	21,804,788	36,342,185
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....333,208 cost containment expenses		2,309,412	2,998,834	4,142,966
21.	General administrative expenses		3,309,268	3,207,920	6,894,820
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		14,448,092	28,011,542	47,379,971
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(466,458)	(2,642,503)	(2,874,859)
25.	Net investment income earned		19,866	(14,862)	14,590
26.	Net realized capital gains (losses) less capital gains tax of \$.....0				
27.	Net investment gains or (losses) (Lines 25 plus 26)		19,866	(14,862)	14,590
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			(409,040)	(409,040)
29.	Aggregate write-ins for other income or expenses				3,221,678
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(446,592)	(3,066,405)	(47,631)
31.	Federal and foreign income taxes incurred	X X X	(171,881)	(71,912)	38,821
32.	Net income (loss) (Lines 30 minus 31)	X X X	(274,711)	(2,994,493)	(86,452)
DETAILS OF WRITE-INS					
0601.	.....	X X X			
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	.....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	Settlement of liability with Prior Owner				3,221,678
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				3,221,678

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	8,025,023	7,935,982	7,935,982
34.	Net income or (loss) from Line 32	(274,711)	(2,994,493)	(86,452)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	(48,139)	(274,801)	(266,079)
39.	Change in nonadmitted assets	(158,023)	103,541	(4,452)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			695,728
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus	192,892	(249,704)	(249,704)
48.	Net change in capital and surplus (Lines 34 to 47)	(287,981)	(3,415,457)	89,041
49.	Capital and surplus end of reporting period (Line 33 plus 48)	7,737,042	4,520,525	8,025,023
DETAILS OF WRITE-INS				
4701.	Prior year audit adjustments	192,892	(249,704)	(249,704)
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	192,892	(249,704)	(249,704)

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	13,639,410	27,754,739	44,002,867
2.	Net investment income	19,866	(14,862)	14,590
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	13,659,276	27,739,877	44,017,457
5.	Benefit and loss related payments	11,908,791	21,667,063	35,912,796
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	5,323,479	6,360,714	7,475,724
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	102,899	(71,912)	(71,912)
10.	TOTAL (Lines 5 through 9)	17,335,169	27,955,865	43,316,608
11.	Net cash from operations (Line 4 minus Line 10)	(3,675,893)	(215,988)	700,849
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			
13.1	Bonds			
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)			
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			695,728
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	364,554	(6,336,273)	(13,455,597)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	364,554	(6,336,273)	(12,759,869)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(3,311,339)	(6,552,261)	(12,059,020)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	16,342,277	28,401,297	28,401,297
19.2	End of period (Line 18 plus Line 19.1)	13,030,938	21,849,036	16,342,277

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	9,337							706	8,631	
2. First Quarter	8,594							12	8,582	
3. Second Quarter	7,524							14	7,510	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	51,067							77	50,990	
Total Member Ambulatory Encounters for Period:										
7. Physician	6,161							2	6,159	
8. Non-Physician	4,350							2	4,348	
9. Total	10,511							4	10,507	
10. Hospital Patient Days Incurred	5,037							10	5,027	
11. Number of Inpatient Admissions	1,069							2	1,067	
12. Health Premiums Written (a)	14,070,190							21,443	14,048,747	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	14,070,190							21,443	14,048,747	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	11,931,874	(297)						1,073,638	10,858,533	
18. Amount Incurred for Provision of Health Care Services	8,852,496	(240)						(195,307)	9,048,043	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.21,443.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,219,308	192,240	191,121	29,975	184,350	1,816,994
0499999 Subtotals	1,219,308	192,240	191,121	29,975	184,350	1,816,994
0599999 Unreported claims and other claim reserves						2,411,467
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						4,228,461
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	(297)	.....	4,762	.....	4,465	4,705
2.	Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6.	Title XVIII - Medicare	1,059,975	13,629	29,973	.....	1,089,948	1,394,155
7.	Title XIX - Medicaid	3,543,855	7,291,628	482,519	3,711,207	4,026,374	6,004,217
8.	Other health .....	.....	.....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 to 8)	4,603,533	7,305,257	517,254	3,711,207	5,120,787	7,403,077
10.	Healthcare receivables (a)	22,167	.....	.....	.....	22,167	117,403
11.	Other non-health .....	.....	.....	.....	.....	.....	.....
12.	Medical incentive pools and bonus amounts .....	.....	.....	.....	.....	.....	.....
13.	Totals (Lines 9 - 10 + 11 + 12)	4,581,366	7,305,257	517,254	3,711,207	5,098,620	7,285,674

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Harbor Health Plan, Inc. (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Michigan Insurance law. The National Association of Insurance Commissioners (“NAIC”) Accounting Practices and Procedures Manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

The State of Michigan has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically, the differences that affect the Company are as follows:

The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Michigan is shown below:

		SSAP#	F/S Page	F/S Line	2018	2017
	NET INCOME					
(1)	State basis (Page 4, Line 32, Columns 2 & 3)				(274,711)	(86,453)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				0	0
(4)	NAIC SAP (1-2-3=4)				(274,711)	(86,453)
	SURPLUS					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)				7,737,042	8,025,023
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total					
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				0	0
(8)	NAIC SAP (5-6-7=8)				7,737,042	8,025,023

B. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. Actual results could differ from those estimates.

Notes to Financial Statement

C. Accounting Policy

- (1) – (5) - No Material Change
- (6) The Company has no loan backed securities
- (7) – (13) – No Material Change

D. Going Concern

None

2. Accounting Changes and Corrections of Errors

The reporting for Medicaid HMOs of pass through payments (GME and HRA) received and paid on behalf of the Michigan Department of Health & Human Services(MDHHS) to the hospitals are to be reflected as a reduction of general expenses as of June 30, 2018. Prior treatment of amounts received would have amounted in \$3.9 million in premiums and \$4.1 million expenses being recorded as of June 30, 2018.

The following discrepancies were identified during the compilation of the audited financials and recorded as correction of error as of June 30, 2018.

Reversal of General Expenses Accrued	90,000
Federal Tax Provision	102,899
Rounding	(7.00)
Total	192,892

3. Business Combinations and Goodwill

No Material Change

4. Discontinued Operations

No Material Change

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - No Material Change
- B. Debt Restructuring - No Material Change
- C. Reverse Mortgages - No Material Change
- D. Loan-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) Policy for requiring collateral or other security – No Material Change
- (2) Carrying amount and classification of both those assets and associated liabilities – No Material Change
- (3) Collateral accepted that it is permitted by contract or custom to sell or repledge:
 - a. Aggregate amount of contractually obligated open collateral positions – No Material Change
 - b. Fair value of that collateral and of the portion of that collateral that it has sold or repledged – None
 - c. Information about the sources and uses of that collateral – No Material Change
- (4) Aggregate value of the reinvested collateral which is “one-line” reported and the aggregate reinvested collateral which is reported in the investment schedules – No Material Change
- (5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged – No Material Change
- (6) Collateral accepted that it is not permitted by contract or custom to sell or repledge – No Material Change
- (7) Collateral for transactions that extend beyond one year from the reporting date – No Material Change

Notes to Financial Statement

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None

- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None

- H. Repurchase Agreements Transactions Accounted for as a Sale – None

- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

- J. Real Estate – No Material Change

- K. Low-income housing tax credits (LIHTC) – No Material Change

- L. Restricted Assets - No Material Change

- M. Working Capital Finance Investments – None

- N. Offsetting and Netting of Assets and Liabilities - None

- O. Structured Notes – No Material Change

- P. 5*Securities - No Material Change

- Q. Short Sales – No Material Change

- R. Prepayment Penalty and Accelerated Fees - No Material Change

6. Joint Ventures, Partnerships and Limited Liability Companies

No Material Change.

7. Investment Income

No Material Change.

8. Derivative Instruments

- A.– G. No Material Change

- H. None

9. Income Taxes

No Material Change

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A, B, & C – The Company was acquired February 28, 2017 by Trusted Health Plans, Inc.

- D. – N. – No Material Change

11. Debt

- A. Debt – No Material Change.

- B. FHLB (Federal Home Loan Bank) Agreements – None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

- A. Defined Benefit Plan
 - 1) Change in benefit obligation – No Material Change

 - (2) Change in plan assets- No Material Change

 - (3) Funded status - No Material Change

 - (4) Components of net periodic benefit cost - None

 - (5) The amount included in unassigned funds (surplus) for the period arising from a change in the additional minimum pension liability recognized - No Material Change

Notes to Financial Statement

(6) Amounts in unassigned funds (surplus expected to be recognized in the next fiscal year as components of net periodic benefit cost - No Material Change

(7) Amounts in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost - No Material Change

(8) Weighted-average assumptions used to determine net period benefit cost - No Material Change

(9) The amount of accumulated benefit obligation for defined benefit pension plans - No Material Change

(10) – (11) The defined benefit pension plan asset allocation as of the measurement date, and the target asset allocation, presented as a percentage of total plan assets - No Material Change

(12) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years- No Material Change

(13) Regulatory contribution requirements - No Material Change

(14) – (21) No Material Change

- B. Investment Policies and Strategies – No Material Change
- C. Plan Assets – No Material Change
- D. Long-term Rate-of-return-on-assets Assumption - No Material Change
- E. Defined Contribution Plans - No Material Change
- F. Multi-Employer Plan – No Material Change
- G. Consolidated/Holding Company Plans – No Material Change
- H. Post-Employment Benefits and Compensated Absences – No Material Change
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – No Material Change

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No Material Change.

14. Liabilities, Contingencies and Assessments

No Material Change.

15. Leases

- A. Lessee Operating Lease – No Material Change
- B. Lessor Leases – No Material Change

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

No Material Change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables reported as Sales – No Material Change
- B. Transfer and Servicing of Financial Assets

(1) Description of loaned securities – No Material Change

(2) Servicing Assets and Liabilities

- a. Risks inherent in servicing assets and servicing liabilities – None
- b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period – None
- c. Assumptions used to estimate the fair value – None

Notes to Financial Statement

(3) Servicing assets and servicing liabilities are subsequently measured at fair value – None

(4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the Accounting Practices & Procedures Manual) with the transferred financial assets:

a. Each income statement presented – None

b. Each statement of financial position presented, regardless of when the transfer occurred – None

(5) Transfers of financial assets accounted for as secured borrowing value – No Material Change

(6) Transfers of receivables with recourse – No Material Change

(7) Securities underlying repurchase and reverse repurchase agreements – No Material Change

C. Wash Sales – None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A&B. None

C. (1)Revenue from the Company’s Medicaid HMO pass through payment contract for the period ended June 30, 2018, consisted of \$3,937,633 in capitation payments offset by \$4,042,300 of medical and administrative expenses, resulting in a net loss of \$104,667.

(2)As of June 30, 2018, Harbor Health has not recorded receivables from payors whose balances are greater than 10% of the amounts receivable from uninsured accident and health plans.

(3) In connection with the Company’s Medicaid pass through contract, Harbor has recorded \$337,962 in amounts owed as of June 30, 2018

(4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No Material Change

20. Fair Value Measurements

A. The Company’s financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset’s or liability’s classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level3). The levels of the fair value hierarchy are as follows:

Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.

Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.

Level 3: Inputs are unobservable and reflect management’s best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactively traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

Notes to Financial Statement

(1) Fair Value Measurements at Reporting Date

Description for Each Class of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	Total	Net Asset Value(NAV) included in Level 2
Assets at Fair Value					
Cash Equivalents	1,009,682			1,009,682	
Subtotal	1,009,682			1,009,682	

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy - None

(3) The Company’s policy for determining when transfers between levels are recognized is determined at the end of the reporting period

(4) The Company has not valued any securities at a Level 2 or 3

(5) Derivative assets and liabilities- None

B. Fair Value Information under SSAP No. 100 combined with Fair Value information Under Other Account Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value(NAV) included in Level 2
Cash Equivalents	1,009,682	1,009,682	1,009,682				

D. Not Practicable to Estimate Fair Value – None

21. Other Items

A. Unusual and Infrequent Items – No Material Change

B. Troubled Debt Restructuring – No Material Change

C. Other Disclosures – No Material Change

D. Business Interruption Insurance Recoveries - No Material Change

E. State Transferable and Non-transferable Tax Credits - No Material Change

F. Subprime-Mortgage-Related Risk Exposure – No Material Change

G. Retained Assets – No Material Change

H. Insurance-Linked Securities - No Material Change

22. Events Subsequent

No Material Change

23. Reinsurance

No Material Change

Notes to Financial Statement

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Accrued retrospective premium adjustments - No Material Change
- B. Accrued retrospective premium as an adjustment to earned premium - No Material Change
- C. Net premiums written subject to retrospective rating features - No Material Change
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act – No Material Change
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
 - (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes
 - (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

	AMOUNT
a. Permanent ACA Risk Adjustment Program	
Assets	
1.Premium adjustments receivable due to ACA Risk Adjustment	0
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	0
3.Premium adjustments payable due to ACA Risk Adjustment	1,625
Operations (Revenue & Expense)	
4.Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	0
5.Reported in expenses as ACA risk adjustment user fees (incurred/paid)	
b. Transitional ACA Reinsurance Program	
Assets	
1.Amounts recoverable for claims paid due to ACA Reinsurance	0
2.Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	0
3.Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities	
4.Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	0
5.Ceded reinsurance premiums payable due to ACA Reinsurance	0
6.Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	0
Operations (Revenue & Expense)	
7.Ceded reinsurance premiums due to ACA Reinsurance	0
8.Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	0
9.ACA Reinsurance contributions – not reported as ceded premium	0
c. Temporary ACA Risk Corridors Program	
Assets	
1.Accrued retrospective premium due to ACA Risk Corridors	0
Liabilities	
2.Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	0
Operations (Revenue & Expense)	
3.Effect of ACA Risk Corridors on net premium income (paid/received)	0
4.Effect of ACA Risk Corridors on change in reserves for rate credits	0

Notes to Financial Statement

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 +7)	Cumulative Balance from Prior Years (Col 2 – 4 +8)	
	1	2	3	4	5	6	7	8		9	10	
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program												
1. Premium adjustments receivable	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	A	\$0	\$0
2. Premium adjustments (payable)	\$0	\$1,625	\$0	\$0	\$0	\$1,625	\$0	\$0	\$0	B	\$0	\$1,625
3. Subtotal ACA Permanent Risk Adjustment Program	\$0	\$1,625	\$0	\$0	\$0	\$1,625	\$0	\$0	\$0		\$0	\$1,625
b. Transitional ACA Reinsurance Program												
1. Amounts recoverable for claims paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C	\$0	\$0
2. Amounts recoverable for claims unpaid (contra liability)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
3. Amounts receivable relating to uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	F	\$0	\$0
5. Ceded reinsurance premiums payable	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	G	\$0	\$0
6. Liability for amounts held under uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	H	\$0	\$0
7. Subtotal ACA Transitional Reinsurance Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
c. Temporary ACA Risk Corridors Program												
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	I	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	J	\$0	\$0
3. Subtotal ACA Risk Corridors Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
d. Total for ACA Risk Sharing Provisions	\$0	\$1,625	\$0	\$0	\$0	\$1,625	\$0	\$0	\$0		\$0	\$1,625

Explanations of Adjustments

A
B
C
D
E
F
G
H
I
J

(4) Roll Forward of ACA Risk Corridor Asset and Liability Balances

Risk Corridors Program Year					Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 +7)	Cumulative Balance from Prior Years (Col 2 – 4 +8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
2014									A B		
1. Accrued retrospective premium											
2. Reserve for rate credits or policy experience rating refunds											
2015	-								C D	-	0
1. Accrued retrospective premium											
2. Reserve for rate credits or policy experience rating refunds											
2017									E F		
1. Accrued retrospective premium											
2. Reserve for rate credits or policy experience rating refunds											
d. Total for Risk Corridors											

Explanations of Adjustments

A Adjusted balance based on management judgement
B.
C
D
E
F

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

Notes to Financial Statement

(5) ACA Risk Corridor Receivable:

	1	2	3	4	5	6
Risk Corridors Program Year	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non- admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)

a. 2014	
b. 2015	
c. 2017	
d. Total	
(a+b+c)	
24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)	
24E(5)d (Column 6) should equal 24E(2)c1	

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2017 were \$7,516,079. As of June 30, 2018, \$4,694,368 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$517,255 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$2,304,456 favorable prior-year development since December 31, 2017 to June 30, 2018. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

No Material Change

27. Structured Settlements

No Material Change

28. Health Care Receivables

No Material Change

29. Participating Policies

No Material Change

30. Premium Deficiency Reserves

No Material Change

31. Anticipated Salvage and Subrogation

No Material Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:

.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[] No[X] N/A[]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2015.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2015.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....06/29/2017.....
- 6.4 By what department or departments?

Michigan Department of Insurance and Financial Services
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[X] No[] N/A[]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
..... No .....	..... No .....	..... No .....	..... No

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
13. Amount of real estate and mortgages held in short-term investments:

\$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes[] No[X]
Yes[] No[] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page

\$ 0
\$ 0
\$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
Comerica	Detroit, MI

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1	2
Name of Firm or Individual	Affiliation
Cleveland E. Slade .....	..... A

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

Yes[] No[X]
Yes[] No[X]

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
.....	Cleveland E. Slade .....	.....	.....	..... NO

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

18.2 If no, list exceptions:

Yes[X] No[]

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities?

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... 65.533%
1.2 A&H cost containment percent	..... 2.383%
1.3 A&H expense percent excluding cost containment expenses	..... 37.803%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[] No[X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
23647	41-0121640 .....	..... 01/01/2018	IRONSHORE IND INC	MN .....	..... SSL/A/I	Authorized .....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date - Allocated by States and Territories

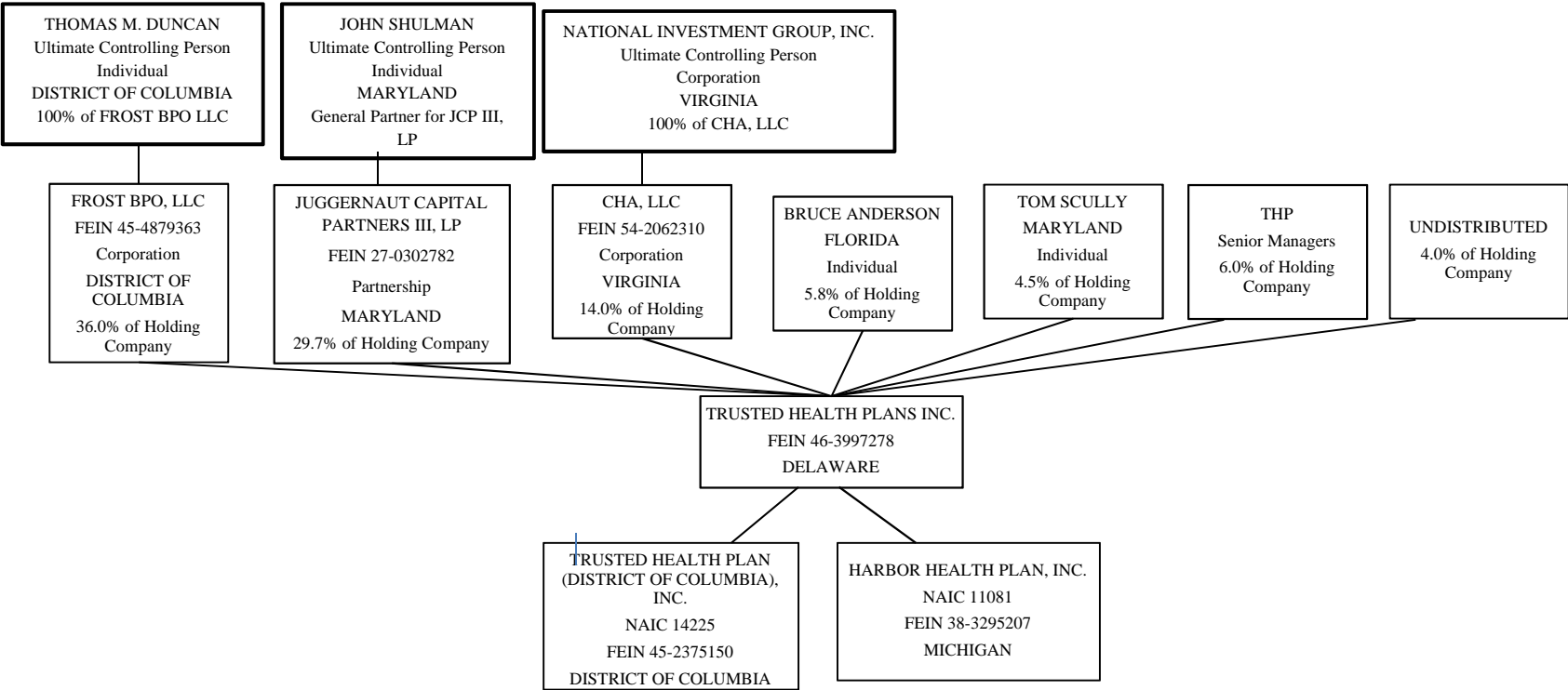
		Direct Business Only								
		1	2	3	4	5	6	7	8	9
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	L	21,443		14,048,747				14,070,190	
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	21,443		14,048,747				14,070,190	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	X X X	21,443		14,048,747				14,070,190	
DETAILS OF WRITE-INS										
58001.	.....	X X X								
58002.	.....	X X X								
58003.	.....	X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above Not allowed to write business in the state

- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART
INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF TRUSTED HEALTH PLANS HOLDING COMPANY GROUP
ORGANIZATION CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

916

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4893	Trusted Hlth Plans Grp	00000	45-4879363				Frost BPO, LLC	DE	UIP	Thomas M Duncan	Ownership	100.0	Thomas M Duncan	N	
4893	Trusted Hlth Plans Grp	00000	54-2062310				CHA, LLC	DE	UIP	National Investment Group, Inc	Ownership	100.0	National Investment Group, Inc	N	
4893	Trusted Hlth Plans Grp	00000	00-0000000				Bruce Anderson	DE	UIP		Ownership	100.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	
4893	Trusted Hlth Plans Grp	00000	00-0000000				Tom Scully	DE	UIP		Ownership	100.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	
4893	Trusted Hlth Plans Grp	00000	00-0000000				Senior Management	DE	UIP		Ownership	100.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	
4893	Trusted Hlth Plans Grp	00000	00-0000000				Undistributed	DE	UIP		Ownership	100.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	
4893	Trusted Hlth Plans Grp	14225	45-2375150				Trusted Health Plan (District of Columbia), Inc.	DC	IA	Trusted Health Plan, Inc.	Ownership	100.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	
4893	Trusted Hlth Plans Grp	11081	38-3295207				Harbor Health Plan, Inc.	MI	RE	Trusted Health Plan, Inc.	Ownership	100.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	
4893	Trusted Hlth Plans Grp	00000	27-0302782				Juggernaut Capital Partners III, LP	DE	UIP	John Shulman	Ownership	100.0	John Shulman	N	
4893	Trusted Hlth Plans Grp	00000	46-3997278				Trusted Health Plan, Inc.	DE	UDP	Frost BPO, LLC	Ownership	36.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	
4893	Trusted Hlth Plans Grp	00000	46-3997278				Trusted Health Plan, Inc.	DE	UDP	CHA, LLC	Ownership	14.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	
4893	Trusted Hlth Plans Grp	00000	46-3997278				Trusted Health Plan, Inc.	DE	UDP	Bruce Anderson	Ownership	5.8	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4893	Trusted Hlth Plans Grp	00000	46-3997278				Trusted Health Plan, Inc.	DE	UDP	Tom Scully	Ownership	4.5	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	
4893	Trusted Hlth Plans Grp	00000	46-3997278				Trusted Health Plan, Inc.	DE	UDP	Senior Management	Ownership	6.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	
4893	Trusted Hlth Plans Grp	00000	46-3997278				Trusted Health Plan, Inc.	DE	UDP	Undistributed	Ownership	4.0	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	
4893	Trusted Hlth Plans Grp	00000	46-3997278				Trusted Health Plan, Inc.	DE	UDP	Juggernaut Capital Partners III, LP	Ownership	29.7	Frost BPO, LLC, Juggernaut Capital Partners III, LP, CHA, LLC, Bruce Anderson, LLC, Tom Scully, THP Senior Managers	N	

Q16.1

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



11081201836500002

2018

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	.....	.....	.....	.....
2504. Prepaid Insurance	4,167	.....	4,167	.....
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	4,167	.....	4,167	.....

SI01	Schedule A Verification	NONE
SI01	Schedule B Verification	NONE
SI01	Schedule BA Verification	NONE
SI01	Schedule D Verification	NONE
SI02	Schedule D Part 1B	NONE
SI03	Schedule DA Part 1	NONE
SI03	Schedule DA Verification	NONE
SI04	Schedule DB - Part A Verification	NONE
SI04	Schedule DB - Part B Verification	NONE
SI05	Schedule DB Part C Section 1	NONE
SI06	Schedule DB Part C Section 2	NONE
SI07	Schedule DB - Verification	NONE

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,004,561	
2.	Cost of cash equivalents acquired	5,121	1,004,561
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,009,682	1,004,561
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,009,682	1,004,561

E01	Schedule A Part 2	NONE
E01	Schedule A Part 3	NONE
E02	Schedule B Part 2	NONE
E02	Schedule B Part 3	NONE
E03	Schedule BA Part 2	NONE
E03	Schedule BA Part 3	NONE
E04	Schedule D Part 3	NONE
E05	Schedule D Part 4	NONE
E06	Schedule DB Part A Section 1	NONE
E07	Schedule DB Part B Section 1	NONE
E08	Schedule DB Part D Section 1	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E11	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
BB&T - Medicaid	Wison, NC						7,832,725	4,279,199	5,009,992	X X X
Bank of America - Funding Account	Dallas, TX						7,110,826	8,972,445	7,522,717	X X X
Bank of America - Claims Account	Atlanta, GA						(1,493,470)	1,012,439	(819,414)	X X X
Bank of America - Medicare	San Antonio, TX						(63,686)	(36,936)	(51,878)	X X X
Bank of America - HIX	Nashville, TN						(2,669)	(732)	(732)	X X X
Comerica CD	Detroit, MI			0.010			263,596	262,561	262,561	X X X
Bank of America - Medicaid	Atlanta, GA						11,227	819	819	X X X
Bank of America - Depository	Dallas, TX						97,172	97,172	97,192	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X			13,755,721	14,586,967	12,021,257	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X			13,755,721	14,586,967	12,021,257	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X			13,755,721	14,586,967	12,021,257	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
7799999	Subtotals - Bonds - Total Bonds - Issuer Obligations							
7899999	Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities							
7999999	Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities							
8099999	Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities							
8199999	Subtotals - Bonds - SVO Identified Funds							
8399999	Subtotals - Bonds - Total Bonds							
8499999	Subtotals - Sweep Accounts							
Exempt Money Market Mutual Funds - as Identified by SVO								
4812C2676	JP MORGAN US GOVERNMENT	SD ..	06/30/2018 ...	0.000	X X X	1,009,682		5,121
8599999	Subtotals - Exempt Money Market Mutual Funds - as Identified by SVO					1,009,682		5,121
8699999	Subtotals - All Other Money Market Mutual Funds							
8799999	Subtotals - Other Cash Equivalents							
8899999	Total - Cash Equivalents					1,009,682		5,121

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